Illinois Department of Public Health

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE (X6) MUL			(X3) DATE SURVEY COMPLETED	
		IL6001226	B. WING		03/11/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	_
BROTHE	R JAMES COURT		JAMES ROAI ELD, IL 627		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE COMPLETE
Z9999	FINDINGS		Z9999		
	Statement of Licens	sure Violations:			
	350.620 350.1210 350.1220j) 350.1230d)1) 350.3240a)				
	Section 350.620 R	esident Care Policies			
	procedures governifacility which shall be involvement of the shall be available to public. These written	shall have written policies and ing all services provided by the performulated with the administrator. The policies of the staff, residents and the en policies shall be followed in y and shall be reviewed at			
	Section 350.1210	Health Services		•	
		ovide all services necessary to dent in good physical health.			1
	Section 350.1220	Physician Services			
	physician of any ac resident's condition safety or welfare of limited to, the prese decubitus ulcers or	shall notify the resident's cident, injury, or change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days.		Attachment Statement of Licensure	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
		IL6001226	B, WING		03/	11/2019
	PROVIDER OR SUPPLIER	2508 ST.	DRESS, CITY, S' JAMES ROAL TELD, IL 627		•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 1	Z9999			
	but are not limited to  1) Detecting simuladaptive behavioursing or psychosis  Section 350.3240  a) An owner, I employee or agent	personnel shall be trained in, o, the following: igns of illness, dysfunction or ior that warrant medical, ocial intervention.				
	by:  Based on record refailed to provide ad care for 1 of 3 indiv 3 individuals outsid R16) who were traremergency rooms Sepsis. R1 then exhospital. Nursing fat.  Assess and most signs/symptoms of conditions (R1, R8, 2. Identify signs/symptoys)	nitor individuals for infections and/or worsening R15 and R16). Imptoms of illness and prior to hospitalization for				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	4.2	CONSTRUCTION		SURVEY
			A. BUILDING: _	N-3		
		IL6001226	B. WING		03/	11/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
BROTHE	R JAMES COURT		IAMES ROAD			
	******		ELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
<b>Z</b> 9999	Continued From pa	age 2	Z9999			
	signs (R1, R8, R15 monitor residents f	ing assessments including vital and R16).adequately and or signs/symptoms of infection condition including vital signs R16).				
	Follow physician     Standing Orders (F	n orders including General R1, R8 and R15).				
	Procedures: Signification Policy, Documenta	s Nursing Policies and icant Change in Condition tion of Change in Condition olicy and Medication delines Policy.				
	being transferred to rooms and admitte	ulted in R1, R8, R15 and R16 o local hospitals emergency d for treatment of Sepsis. R1 a patient in the hospital.				
	Findings Include:					
	1/23/17 documents medical emergenc and the Director of	in Condition Policy revised s, "Immediate notification of ies to the attending physician Nursing may include: "Onset 100.4 degrees or higher with or				
	revised 2/6/17 doc the physician of the assessment, and a Document any phy this notification in t continue charting of change every shift	Change in Condition Policy uments, "4. Nurse will notify a change of condition, nursing any treatment provided, sician orders received upon the clinical record. 7. Nurse will on the resident's condition until the resident is free of consecutive shifts."				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001226	B, WING		03/1	11/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	FATE, ZIP CODE	,	
BROTHE	R JAMES COURT		IAMES ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 3	Z9999			
	services provided to in the resident's conthe resident's media. General Standing Control Medica higher. The General Standing Control Medication Parametrical Medication Administration Parametrical Medication	ed 10/7/16 documents, "All of the resident, or any changes indition, shall be recorded in cal record."  Orders (undated) document, il Doctor) with fever of 100.4 or ral Standing Orders do not essure Parameters, Oxygen ters or Pulse parameters.  Stration Guidelines Revised is, "6. Temperature of resident illy until Antibiotics are				
	Notification Referer Person), document Temp above 1004.; 120; B/P (Blood Pre	nce for DSP's (Direct Support s, "Abnormal vital signs: Pulse below 50 or higher than essure) Greater than 180 or the nurse immediately."				
	07/10/18 shows R1	ata Sheet last updated was a 57 year old male with clude Severe Intellectual n Syndrome.				
	(electronic messag Practical Nurse (LF Z1, Medical Profess (R1) B/P (blood pre	rd review shows an email e) written by E7, Licensed PN), on 01/25/19 at 12:13pm to sional, which reads, "Subject essure) 140/88, (pulse) 88, emp(erature) 102.9. Please s."				
	Tylenol for fever an	20pm, Z1 emailed back, "Give d cont (continue) to monitor.				

Illinois Department of Public Health

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[ ' '	CONSTRUCTION		SURVEY PLETED
		IL6001226	B. WING		03/	11/2019
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
BROTHE	R JAMES COURT		JAMES ROAD IELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ige 4	Z9999		<u></u>	
	develops, send to E	ER (Emergency Room)."				
		29pm, E7 emailed Z1 stating, 02 (oxygen saturation) ((room air)."				
	On 01/25/19 at 2:34 order, "Get CXR (C	4pm, Z1 emailed back with an Chest X-Ray)."				
		order at 12:20pm, the following vital signs were documented:				
	"Temp(erature) dec will continue to mon medication given for	n a Nurses Note states, creased to 101.0 P (pulse) 77, nitor prn (as needed) or temp." No blood pressure or assess for hypertension.				
	the following vital s	3am, documentation shows igns: Temperature 96.2, pulse on 94%, respirations 15, blood			*	
	documented, "(R1) slipped down to floo pain when assesse (Physician) and gui	ere is a Nurses Note which is stood up from couch and or. Resident stated he had noted from head to toe. ardian notified." No vital signs to assess for tachycardia or otension.				
	(backdated after R 01/26/19 at 9:00pm in recliner. Took me koolaid. Resident v	red on 01/28/19 at 11:51pm 1's hospitalization) states on n, "(R1) was sitting in tv room eds well with a glass of was afebrile at 98.4, lung BP 110/64 - 72 - 18 - 92% RA."				
		m a Nurses Note states, "(R1) F at 9pm; he was given 1				

Illinois Department of Public Health

PRINTED: 04/11/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001226 03/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD **BROTHER JAMES COURT** SPRINGFIELD, IL 62707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Z9999 Continued From page 5 Z9999 tablet of 500 mg Tylenol at that time and at 10pm his temp was 98.7." No blood pressure or pulse was documented to assess for tachycardia or hypertension. A T-Log note entered on 01/28/19 at 11:55pm (backdated after R1's hospitalization) states on 01/27/19 at 9:00am, "(R1) in bed sleeping. Woke up and took morning pills with a glass of juice and laid back down. Slept thru (sig) breakfast. Resident afebrile at 97.5, lung sounds are clear." No blood pressure or pulse was documented to assess for tachycardia or hypertension.

Vital signs on 01/28/19 at 5:00am were documented as "98.8 temperature, pulse, 62, oxygen saturation 96%, respirations 16, blood pressure 79/52." There is no additional documented nursing assessment, note or call to R1's physician regarding his hypotensive state.

A Nursing Note dated 01/28/19 at 1:44pm states. "Resident lying in bed, skin pale color, T 100.1, B/P 100/56, P 68, R 22, SPO2 88%, 2L (oxygen) started, resident confused and had urinated on the floor which is not a usual behavior, sent to ER and notified PCP (primary care physician) that he was sent."

E3. LPN, was interviewed on 02/14/19 at 10:21am and confirmed she was the one that had sent R1 to the hospital on 01/28/19. E3 stated she had not been informed of R1's low Blood Pressure of 79/52 at 5:00am that date. E3 stated that the Direct Support Providers came to her while she was passing morning medication and stated R1 didn't feel well. E3 stated she stopped her medication pass to check on R1 as she recalled he was ill on Friday during her shift.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6001226	B. WING		03/	11/2019
NAME OF PROVIDER OR		2508 ST	DRESS, CITY, S JAMES ROA! ELD, IL 627			
PREFIX (EACH (	DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
"pale, shiv temperatu well". E3 s Emergence but then do with sending the physic E3 recalled Chest X-Rorder from sheet for the continue to if tachycar E3 stated emergence van with o E3 was as parking lot aware. E3 stated it wheelchait upon admining pressure with the end asked to do acted like E4 was as shivering of sleeps and E4 was as selected to the end asked to do acted like E4 was as shivering of sleeps and E4 was as selected the end acted like E4 was as shivering of sleeps and E4 was as selected to the end acted like E4 was as shivering of sleeps and E4 was as selected the end acted like E4 was as shivering of sleeps and E4 was as selected the end acted like E4 was as selected the end acted the end acte	when she rering, she re" and set ated she recided it ing him to ian.  d R1's te reay was continued in the mext she monitor dia or hy she interry room vine Direction of the recording was asked if she regency lescribe les	age 6 e arrived to R1's room, he was aking, had an increased the "could tell he didn't feel e felt R1 needed to go to the so she emailed the physician was too urgent so proceeded the hospital and then notified on the hospital and send to ER dical professional on the report shifts (Tylenol for fever, r. Push Fluids and send to ER pertension develops).  Inded to send R1 to the is wheelchair in a company to Support Provider driving him. The knew why R1 fell in the leng to ED notes. E3 was not led why she didn't call 911. E3 binion R1 could go to ED via an. R1's oxygen saturation the ER was 70% and his blood to according to an ER report.  Provider, was interviewed on an and confirmed she drove R1 Room on 01/28/19. E4 was R1's condition. E4 stated, "He there was nothing different." the noted R1 to be pale, shaky, ted. E4 stated, "No, he never just catching up on his sleep." the transported R1 to the in a wheelchair. E4 stated, "It to the in a wheelchair. E4 stated,	Z9999			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001226	B. WING		03/	11/2019
	PROVIDER OR SUPPLIER	2508 ST	DRESS, CITY, S JAMES ROA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETE DATE
<b>Z</b> 9999	Continued From pa	age 7	Z9999			
		fell in the parking lot at the "Yes, because he was weak."				
	shows he arrived a (ED) on 01/28/19 a was 36.6C (97.8F), Respirations 22, SI arrival was "C/O (co	om R1's Hospitalization Record t the Emergency Department at 10:08am. R1's temperature blood pressure 61/44, PO2 70%. Chief Complaint on complained of) fever on Friday confusion. Pt (patient not				
	R1's Associated Di Shock and Pneumo	agnoses included: Septic onia.				
	Illness" reads, (R1) comes from assiste have fevers that stathat pt started to ge weekend. Says that and oriented times answer questions a Pt had a fall on Sat parking lot, caregiv	01/28/19 of "History of Present of "presents with fevers. Pt and living and was reported to carted Friday. Caregiver says at weaker and confused on the at pt is normally A/Ox3 (alert three) at baseline, able to cand follow commands normally attributed and this morning in the are says that he collapsed from thim hitting his head or a LOC ness)."				
	Decision Making. F	O report reads, "Medical Rationale: Critical dx ered. Pt hopotensive and mnolent on arrival."				
	10:31am report R1	hysician notes on 01/28/19 at 's respiratory examination was: unds (bilaterally), diffuse g."				
	On 01/28/19, R1 te	ested positive for Streptococcus				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE		
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		1L6001226	B. WING		03/1	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
PROTUE	D IAMES COURT	2508 ST.	JAMES ROA	D		
BRUINE	R JAMES COURT	SPRINGF	IELD, IL 627	07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 8	Z9999			h
		en. R1's Lactic Acid was 2.3 e is 0.5-2.0) medically				
	Department had the areas of consolidat lobes and in the rig areas of infiltrate in	upon arrival to the Emergency e following findings: "Large ion in the left upper and lower ht lower lobe with patchy the remaining lungs seen. xtensive pneumonia."				
	R1 was admitted to 01/28/19 at 11:58ar	Intensive Care Unit on m.				
	hypotension during	lynamic support for his his hospitalization until s Septic Shock diagnosis monia.				
	11:07am. R1's Dea	nsive care unit on 02/01/19 at th Certificate states his cause kic Respiratory Failure due to nia.				
		on the resident roster, dated ar old male who functions in tellectual Disability.				
	Nurse Practitioner) "History of Present clear nasal conges clear throughout. H	e written by Z1, CNP (Clinical dated 1/31/19 documents, tillness: (R8) complains of stion and cough. Lungs are the is afebrile, " and call for worsening symptoms."				
	There are no nursin 2/1/19 day shift.	ng notes for 1/31/19 or from				
		dated 2/2/19 at 1:52 AM, 00 (R8) had emesis, felt warm,				

PRINTED: 04/11/2019 FORM APPROVED

Illinois D	Department of Public	Health			1 01110	
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	197	CONSTRUCTION		E SURVEY PLETED
			7. DOILDING _			
- 11		IL6001226	B. WING		03/	11/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADS	DRESS, CITY, ST	TATE, ZIP CODE		
BROTHE	ER JAMES COURT		IAMES ROAD ELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 9	Z9999			
	needed ) Tylenol ar amount of water. O given." The nursing physician was notifi R8's Nursing Note of documents, "Reside congested and (con 101.0. Resident given Benzonatate cap, a of fluids and rest." document the phys R8's Nursing Note of documents, "Reside Temp 101.6 Blood Oxygen Saturation chest discomfort ar	dated 2/2/19 at 2:42 PM, ent stated he still felt mplains of ) aches. Temp ven 2 Tylenol, Inhaler, Tussin, and encouraged to drink plenty The nursing note does not ician was notified. dated 2/2/19 at 6:15 PM, ent states he is feeling worse. pressure 143/85, Pulse 123, 95%. Resident states he has not non productive cough.				
	emergency departn with "Sepsis due to Hospital records do the hospital on 2/3/ During interview on stated, "I kept telling	ocument R8 was seen in the nent on 2/2/19 and diagnosed upper lobe pneumonia. "ocument R8 was admitted to 19 and discharged on 2/4/19.  2/13/19 at 3:58 PM, R8 g staff I was sick. They sent was there a few days and				
	2/11/19 as a 53 yea	on the facility roster dated ar old male who functions in of Intellectual Disability.				
	(1:18 PM) written b Nurse) and sent to noted with red raise	age dated 12/10/18 at 13:18 y E3, LPN (Licensed Practical Z1 documents, "Resident ed area to left pinky knuckle, soft, throughout day has				

Illinois Department of Public Health

	OF CORRECTION	IDENTIFICATION NUMBER:	100	CONSTRUCTION		PLETED
		IL6001226	B. WING		03/	11/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY, ST	TATE, ZIP CODE		
BROTHE	R JAMES COURT		IAMES ROAD ELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 10	Z9999	···		
	developed a head, have an order for an compresses?" On responded, "Doxycl mouth) bid (twice a compress prn (as in There is no docume notes dated 12/11/addressing the area of 2.5 cm (central part of right fifth knuckle be in pain. PRN (as A nursing note writte documents, "Reside compress for area of 2.5 cm (central part of the pain of the pa	sensitive to touch. May we ntibiotic and warm 12/10/18 at 1:26 PM, Z1 line 100 mg (milligrams) po (by day) for seven days, warm eeded)."  entation in R15's nursing 18 through 12/22/18 a on R15's left pinky.  en by E8, RN (Registered /18, documents, "area to top e opened this AMappeared to so needed) Tylenol given." en by E9, LPN dated 12/13/18 ent was given a warm on right hand near thumb. The attimeters) around the area is ABT (antibiotic) continues." en by E9, LPN dated 12/15/18 antibiotic) for small infection m compress was placed for 5 his hand to draw out infection, ains." en by E10, LPN dated s, resident was at larted to have (tremors), the over their he was having a oft in seizure just muscle of documentation of vital signs				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X4) DEPARTMENT OF PROVIDER OR SUPPLIER | (X5) MULTIPLE CONSTRUCTION | (X6) DATE SURVEY COMPLETED |

		IL6001226	B. WING		03/11/2019
	PROVIDER OR SUPPLIER	2508 ST	DRESS, CITY, S JAMES ROA IELD, IL 627		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE COMPLETE
Z9999	Continued From pa tremors from earlier		Z9999		
	documented for 12/2 R15's nursing note "DSP (Direct Support Resident wasn't act arm was swollen ar Upon assessment, vital signs were b/p (pulse) 118, SPO2 (room air and T (tern hand swollen, warm Resident was not m sounds clear but did be very uncomforta armAmbulance ca hospital)."  Hospital records pri R15 was seen in the 12/23/18 and docur Extremity: Left upper swelling with mild e early signs of blisted Diagnosis: Left arm Streptococcal and Sinfection." Hospital remained in the hospital remained in the hospital seen severe level of R16's ISP (Individual R16 has diagnoses)	ord have no temperature (11/18, 12/13/18 or 12/15/18.)  dated 12/23/18 document, ort Person) notified writer that ing himself and that his left and he was not moving it well. resident was noted to be alert, (blood pressure) 159/75, P (Oxygen Saturation) 89% on aperature) 99.1. Left arm and a to touch and discolored. In the foreign or hand. Lung minished. Resident noted to ble with tremors of right alled for transport to (local and in the foreign of the emergency room on ment, "Physical Examination: or extremity does reveal rythema to the elbow with ring noted on the forearm. In cellulitis, Infection, Symptomatic urinary tract records document, R15 opital until 12/27/18.  In the facility roster dated or old male who functions in Intellectual Disability.  al Service Plan) documents that include Bipolar Disorder, Neurogenic Bladder and			

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<u> </u>	COMP	LETED
		IL6001226	B: WING		03/1	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		2508 ST.	JAMES ROA	D		
BROTHE	R JAMES COURT		ELD, IL 627			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
	<u> </u>					
Z9999	Continued From pa	ge 12	Z9999			
	R16's MAR (Medica	ation Administration Record)				
		018 documents, "Diltiazem 30				
	mg (milligram) tablet-give 1 table PO (by mouth)					
		y)," with orders to, "Hold				
		Systolic (Blood pressure) is				
	below 100."	A decreased blood				
		ot document blood pressure				
	parameters for Physician notification.  Nursing Shift Report dated 12/18/18 documents,					
	"(R16) Blood in leg					
		rt dated 12/23/18 documents,				
	"(R16) Pink urine in	catheter."				
	D40te Novelee Net	1-1-1404040				
		e dated 12/19/18 documents,				
		ng well. Some blood noted in the catheter pulling. Resident				
	afebrile."	ine cameter pulling. Itesident				
	No nursing notes a	re documented for R16 on				
	12/21/18 or 12/23/1					
		ata View dated 12/25/18 at				
		PM document Blood Pressure				
	of 89/56.	dated 12/25/18 document,				
		, (R16) seemed fine, B/P was				
		so his Dililitazem was held				
		. At 2040 (8:40 PM) was				
		the wing for (R16) having				
	trouble breathing.	Was noted to be short of				
	breath, oxygen plac	ed and resident pinked up.				
		6/110, Pulse 104, Respirations				
		1.5 and oxygen saturation				
	90%. Called 911l	being sent to (local hospital).				
	There is no docume	entation R16's physician was				
		3 when blood was noted in				
	R16's leg bag,	The state of the s				
		entation R16's physician was				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		DENTIFICATION NOMBER.	A. BUILDING		COMP	20100
		1L6001226	B. WING		03/1	1/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BROTHER JAMES COURT 2508 ST. JAMES ROAD						
SPRINGFIELD, IL 62707  (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETE DATE
Z9999	Continued From page 13		Z9999			
	catheter. There is no docume notified on 12/25/18 Blood Pressure was Hospital Records of was seen in the em	dated 1/4/19, document R16 dergency department on				
	12/25/18 and admitted to the hospital with a diagnosis of, "Septicemia Septic ShockDue to enteroccoccal urinary tract infection with SBE (Subacute Bacterial Endocarditis). Patient admitted to the ICU (Intensive Care Unit) requiring vasopressors."					
		2/19/19 at 11:48 AM, E1, d, "(R16) does not have a in his urine."				
	(Licensed Practical document on condi	2/11/19 at 3:34 PM, E3, LPN Nurse) stated, "Nurses are to tion of resident until resident is tibiotics for three days."				
	Administrator confir policies for change documentation of corders and charting policies be followed policy or protocol to pressures. E1 state	2/15/19 at 3:45 PM, E1, rmed the facility has in place in resident condition, hange in condition, standing and the expectation is the l. E1 was asked if there was a paddress abnormal blood ed, "We do not have a policy, an standing orders."				
	(A)					
		1000				

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